07/13/2004 13:09 FAX 3053736786 INAKI SAIZARBITORIA,E(

07-27-2004 90035 039 ***150.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084329

1. Entity Name
PERKUL INVESTMENTS, INC.

54064912

Principal Place of Business	Mailing Address
1247 ALTON RD MIAMI BEACH, FL 33139	1247 ALTON RD MIAMI BEACH, FL 33139

07122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0157859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMADOR, ALEJANDRO 1247 ALTON RD MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKUL, MARIO BILBAO 2048 PISO 13 BUENOS AIRES ARGENTINA 406,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERKUL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

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#P030000843 29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO AVOID DELAY, THE ENCLOSED
IS SENT WITHOUT A COVER LETTER

IÑAKI SAIZARBITORIA, ESQ.
ATTORNEY AT LAW
1492 S. Miami Ave., Suite 203, Miami, Florida 33130
Tel. (305) 530-0007 Fax (305) 373-6786
e-mail: inakisai@aol.com

DID NOT RECEIVE CORRECTION
LETTER OF July 29, 2004